

State 9-1-1 and Emergency 9-1-1 Charges

Issued under authority of Public Act 32 of 1986, as amended.

INSTRUCTIONS: State 9-1-1 and Emergency 9-1-1 Charges collected are due to Treasury within 30 days of the close of each quarter. Use Part 2 of this form to report monthly State 9-1-1 Charges collected from service users during the quarter. Use Part 3 to report Emergency 9-1-1 Charges collected from prepaid customers during the quarter. For questions regarding the State 9-1-1 and/or Emergency 9-1-1 Charges, call (517) 636-4730.

PART 1: ACCOUNT INFORMATION				
Business Name			▶ Federal Employer Identification Number (FEIN)	
Business Address (Street Number, P.O. Box)			City, State, ZIP Code	
▶ Filing period	<input type="checkbox"/> 1. JAN-FEB-MAR	<input type="checkbox"/> 2. APR-MAY-JUN	▶ Year	Contact Person
	<input type="checkbox"/> 3. JUL-AUG-SEP	<input type="checkbox"/> 4. OCT-NOV-DEC		Contact Telephone Number

PART 2: STATE 9-1-1 CHARGES

Section A: First 10 access points or lines for each service user's account. Calculate the total charges collected on each access point or line billed at the full State 9-1-1 charge. This rate applies to each of the first 10 access points or lines of a service user's account.

▶ 1.	Month	Number of access points or lines billed at the full rate	Charge (Rate)	Total
▶ 2.			x	
▶ 3.			x	
TOTAL				4.

Section B: Additional access points or lines for each service user's account. Calculate the total charges collected on each access point or line in excess of 10 on each service user's account billed at the applicable State 9-1-1 charge. The applicable charge for each access point or line after the first 10 is 1/10 of the per line State 9-1-1 charge used in Section A.

▶ 5.	Month	Number of access points or lines (exclude those reported in Section A)	Charge (Rate)	Total
▶ 6.			x	
▶ 7.			x	
TOTAL				8.

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|---|-------|--|
| 9. Total State 9-1-1 Charges collected. Add line 4 and line 8..... | 9. | |
| 10. Multiply line 9 by 2% (0.02). This is the allowable amount the service supplier may retain..... | ▶ 10. | |
| 11. Total State 9-1-1 Charges due. Subtract line 10 from line 9..... | ▶ 11. | |

PART 3: EMERGENCY 9-1-1 CHARGES

Commercial Mobile Radio Service (CMRS) suppliers or resellers must collect Emergency 9-1-1 Charges from their prepaid customers. CMRS suppliers or resellers must select either the Type I or Type II method for calculating the portion of the Emergency 9-1-1 Charges that represent the State 9-1-1 Charges. Once a CMRS supplier or reseller has filed using either the Type I or Type II method, all future filings must be completed using that same calculation method. Two percent (0.02) of the Emergency 9-1-1 Charges may be retained if electing to use the Type II calculation method.

Type I Calculation

- | | | |
|--|-------|--|
| 12. Enter total earned prepaid revenue for the period..... | ▶ 12. | |
| 13. Divide Line 12 by \$50..... | 13. | |
| 14. Total Emergency 9-1-1 Charges due. Multiply line 13 by the Emergency 9-1-1 (prepaid surcharge) charge..... | ▶ 14. | |

Type II Calculation

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|---|-------|--|
| 15. Enter total number of active prepaid accounts for each month during the period..... | ▶ 15. | |
| 16. Total Emergency 9-1-1 Charges. Multiply line 15 by the Emergency 9-1-1 (prepaid surcharge) charge..... | ▶ 16. | |
| 17. Multiply Line 16 by 2% (0.02). This is the allowable amount the CMRS supplier or reseller may retain..... | ▶ 17. | |
| 18. Total Emergency 9-1-1 Charges due. Subtract line 17 from Line 16..... | ▶ 18. | |

SUMMARY

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|---|-------|--|
| 19. Total State 9-1-1 and Emergency 9-1-1 Charges. Add lines 11, 14 and 18. PAY THIS AMOUNT. | ▶ 19. | |
|---|-------|--|
- Payments may be made by Electronic Funds Transfer (EFT). Visit www.michigan.gov/biztaxpayments for additional EFT information. Make check payable to the **State of Michigan**. Write your **FEIN and "911 Charges"** on front of your check.

PART 4: CERTIFICATION

I declare under penalty of perjury that the information on this form is true and complete to the best of my knowledge.

Signature	Telephone Number	Date
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